

REASONABLE ACCOMMODATION REQUEST FOR EXAMINATION
FOR DISABLED CANDIDATES

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Architects Board (CAB) provides "reasonable accommodations" for applicants with disabilities that may affect their ability to take required examinations. It is the **applicant's** responsibility to notify CAB of the desired accommodation(s). We are not required to provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: _____ ID #: _____
(Last/First/Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: (____) _____ (____) _____
(Work) (Home)

NOTE: If the requested accommodation involves modifying the examination administration procedures (i.e., additional testing time, a reader or writer) please obtain the professional verification described on the reverse side. If the request is limited to wheelchair access, or sitting in the front of the room, professional verification is not required.

Please respond to the following. Attach additional sheets as needed.

My disability is (e.g., hearing impairment, learning disability, etc.):

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

The reasonable accommodation(s) I am requesting is:

_____	Separate testing area	_____	Written instructions as
_____	Reader as accommodation for	_____	accommodation for hearing
_____	visual impairment	_____	impairment
_____	Extended testing time	_____	Specified breaks during testing
_____	time requested (1/2, double, etc.)	_____	

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify that I agree to the modified testing condition(s) authorized by the board and I will not discuss the exam content with anyone other than authorized representatives of the board. I give my permission for CAB to contact the professional verifying my disability to discuss the findings of their report, if necessary. I authorize CAB to notify the National Council of Architectural Registration Boards (NCARB) of any accommodations made to my test administration.

Signature

Date

VERIFICATION OF REQUEST FOR ACCOMMODATION

Professional verification of the candidate's disability must be submitted to CAB on the letterhead stationery of the medical authority or specialist and include the following:

- a. The nature and extent of the disability. The diagnosis should indicate how the condition substantially limits **major life activity** and its anticipated duration.
- b. The effect of the disability on the candidate's ability to perform under normal testing conditions
- c. What special provision or modification the medical authority is recommending (e.g., extended testing time, separate testing facility, etc.). Under no circumstances will CAB authorize more than double the normal testing time or allow any individual other than the candidate to produce the graphics on graphic portions of the examination.
- d. Name, title and telephone number of the medical authority or specialist
- e. Original signature of the medical authority or specialist
- f. Professional license or certification number of the medical authority or specialist

A candidate with a **learning disability** must submit the above information from one of the following learning disability specialists:

- a. Licensed psychologist
- b. Learning disability specialist practicing in a college or university Learning Disabled Center
- c. Learning disability professional in public or private practice with a Doctorate in Special Education
- d. Learning disability specialist licensed by the state
- e. Neurologist

The statement **must** respond to all of the above items in order for the request to be considered.

Please note that all of the items must be submitted at least 60 days prior to a desired test date. The candidate will be notified in writing if approved.

The candidate must provide the above information with regard to the special testing accommodation(s) requested to:

California Architects Board
2420 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 574-7220

OFFICE USE ONLY

____ Applicant contacted
____ Documentation verified
____ Received NCARB approval
____ Request approved
____ Request denied

Exam site:
Exam divisions:
Accommodation letter sent:
Site notified:

Comments:

ARE SPECIAL TESTING ACCOMMODATIONS REQUEST FORM

(Section 1)

Directions: An authorized representative of the Board of Architecture must complete and sign this form to request modifications for ARE applicants with disabilities, and return it to NCARB with all backup material.

Applicant Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

U.S. Social Security or Canadian Social Insurance number: _____

Applicant's Diagnosis _____

The Board of Architecture (or designee) has determined that the above-named applicant is qualified for testing modifications.

The Board of Architecture (or designee) is familiar with current NCARB policies and procedures related to testing modifications and has determined that the requested modifications are in accordance with the intent expressed in the policy statement and with the specific requirements set forth in the procedure.

Please check the documentation reviewed and attached by the Board of Architecture (or designee) prior to making this request.

_____ Letter from applicant requesting modifications.

_____ Letter of diagnosis and accommodation requested from appropriate licensed professional.

_____ Documentation of past testing accommodations-if available.

Board of Architecture in which applicant is seeking registration: _____

Signature of Board of Architecture Representative

Date

ARE SPECIAL TESTING ACCOMMODATIONS REQUEST FORM

(Section 2)

(Please check all modifications requested)

_____ Additional Testing Time

_____ 50%

_____ 100%

_____ Additional breaks (breaks that do not count outside the testing time)

_____ number of breaks required _____

_____ length of time for each break _____

_____ Separate Room

_____ No photo ID for religious reasons

Modifications apply to the following Division(s):

All Divisions _____

Site Planning _____

Building Planning _____

Building Technology _____

Pre-Design _____

General Structures _____

Lateral Forces _____

Mechanical & Electrical Systems _____

Materials & Methods _____

Construction Documents & Services _____

Comments: _____

